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Contagious Communities: Medicine, Migration and the NHS in Post-War Britain. By Roberta Bivins. Oxford University Press: Oxford, 2015. Pp.488. ISBN: 9780198725282, £40.49.

Recent media coverage of Max Moseley's involvement in the 1961 by-election in Moss Side reveals the alarmist and overtly racist campaigns directed towards non-white migrants in postwar Britain. Leaflets that were allegedly circulated at the time proclaimed: 'Protect your health. There is no medical check on immigration. Tuberculosis, VD and other terrible diseases like leprosy are on the increase. Coloured immigration threatens your children's health'. These pseudo-scientific myths that characterized postwar attitudes towards 'the coloured invasion' demonstrate the role of public health as a catalyst for public opinion. This was also the case, for example, in 1962 when Pakistani migrants were required to wear vaccination badges following the smallpox outbreak. What is clear from these campaigns is, as suggested by Roberta Bivins, that perceptions of foreign bodies have shaped both medical knowledge and immigration policies. Accordingly, Bivins uses this fascinating medicalized lens to understand the impact of postwar migration to Britain in her lucid and captivating intervention, *Contagious Communities*.

Contagious Communities explores the relationship between national responses to medicine, migration and the NHS between 1948 and 1991. The book's thesis is clear: 'the history of postcolonial migration in Britain is intricately linked to ideas and experiences of health and disease, and with the history of the NHS and public health in the postwar Welfare State' (p.12). The study is concerned with the nexus between developments in Britain's medical profession, racial politics, health activism, and notions of community. It is organized in three parts and considers a number of carefully researched case studies when mass migration, public health and medical research were closely connected. Specific attention is paid to the ways in which conditions such as tuberculosis, smallpox, rickets, thalassemia and sickle cell anemia were associated with migrant bodies.

Chapter one examines perceptions of European and Irish cases of tuberculosis from 1948 to the mid 1950s. Chapter two, one of the most interesting chapters in the

monograph, explores racialized responses to specifically West Indian and South Asian migrants. Tied to entry control and border enforcements, the author persuasively shows how fears relating to the importation of infection fed into popular misconceptions and the image of the unhealthy immigrant. Although migrants statistically made up a tiny proportion of disease carriers, this did not prevent calls for greater border controls and tighter medical surveillance. West Indian and South Asian migrants were subsequently represented in medical and media reports as penetrating Britain's physical, political and racial 'epidemiological defences' (p.17). As such, Bivins argues that alongside immigration policies, public interventions should also be understood in the context of national health strategies and economic factors.

Chapters three and four move on to the 1960s and 1970s where they continue to probe the politicizing of public health and the medicalizing of migrant populations. The smallpox epidemic played a crucial role in framing immigration as a threat to Britons. Mobilized as a precautionary tale, it reinforced the dangers of the (post)colonial unknown and emphasized the threat that Britain would retreat from modernity. Supporters of the Commonwealth Immigrants Act 1962 and immigration controls therefore connected medical and political responses to foreign bodies. Following this, chapters five and six provide a refreshing discussion on ethnicized genetic conditions in Thatcher's Britain in order to demonstrate that 'at all levels health services interpreted health problems and delivered care on the basis of widespread stereotypes' (p.304).

There are two qualities in particular which mark out *Contagious Communities* as a remarkable contribution to the fields of medical history, migration studies, and, more broadly, the history of postwar Britain. First, Bivins skillfully demonstrates how migrants were understood in relation to fears of contagion, threats to hygienic protections, racial degeneracy and imported burdens of disease (p.2). She reveals how the history of public health in postwar Britain was mapped onto migrant bodies, which were viewed as distinctly pathological, pathogenic or vulnerable. Second, the book shows that at the heart of Britain's postwar history is the history of race relations. Viewed through the medical gaze, a hierarchy of hygienic citizenship (p.67) was used to outline immigration as well as public health policy. Bivins deftly

illustrates how race remained an 'active category of medical and public health analysis' (p.82). Although chapter one might have benefited from a discussion on Irish whiteness, the book's sensitive and thoughtful engagement with race relations is impressive and avoids such embellishments that underplay its centrality in policy making.

Building on the work of Asa Briggs, Charles Webster and John Lister, this study is part of a growing and vibrant body of scholarship that make important connections between medicine and migration. It can also be read, for example, alongside Virginia Berridge's *AIDS in the UK* and Julian Simpson's *Migrant Architects of the NHS*. However, what makes Bivins' study novel, engaging and persuasive is that it demands readers to rethink our understanding of the modern racial state. If contemporary discussions on immigrant populations as vectors of disease and as a strain on public services are anything to go by, anxieties relating to the migrant Other are far from over. The lessons we can learn from their associated discourses are thus manifold. Quite simply, Bivins' *Contagious Communities* is a must-read for students and scholars of modern Britain history.

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